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Re: Serial No. 10/758,410

From: Beth A Sanders
Date: 07/13/2006

Comments:

- 1) Transmittal Form;
- 2) Petition for Extension of Time;
- 3) Third Supplemental IDS;
- 3) Credit Card Payment Form; and
- 4) Amendment/Response to Office Action of March 13, 2006

PTO/55/21 (03-04)

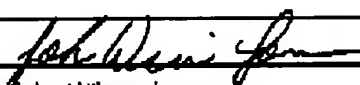
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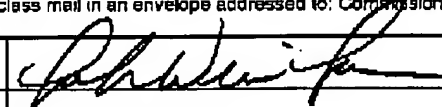
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/758,410	RECEIVED CENTRAL FAX CENTER JUL 13 2006
	Filing Date	January 15, 2004	
	First Named Inventor	Boles	
	Art Unit	1712	
	Examiner Name	Kugel	
Total Number of Pages in This Submission	16	Attorney Docket Number	020389-00901 (P203-1311-US)

ENCLOSURES <small>(Check all that apply)</small>		
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached PTO-2038 <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement 3rd Supplemental <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	54487		
Signature			
Printed name	John Wilson Jones		
Date	07-13-2006	Reg. No.	31,380

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			Date
Typed or printed name	John Wilson Jones	Date	07-13-2006

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